

JAN 24 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44457

1. PLACE OF DEATH

City St Louis (No. 1904 S. 12 th Str. St. 23 Ward.)
 Registration District No. 800
 Primary Registration District No. 773
 File No. 11541
 Registered No. 11541

2. FULL NAME HENRY FRY

(a) Residence, No. 1904 S. 12 th Str. St., 23 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Della Fry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1879</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>20</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C.V.A.</u>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation..... <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Peter Fry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Lucille Chandler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs Della Fry</u> (ADDRESS) <u>1904 s 12 th Str</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barnhardt Mo.</u> DATE <u>Dec 5</u> , 19 <u>34</u>		
19. UNDERTAKER <u>A. W. McLaughlin</u> (ADDRESS) <u>2301 Lafayette</u>		
20. FILED <u>LEC - 1 1934</u> <u>J. F. Brudick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Dec 2, 1934.
 I last saw him alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 10 P. a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia lobar Nov 24
108
 Other contributory causes of importance:
108

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Edward J. Wenger, M. D.
 (Address) 2002 S. P. Highway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

